

**Commonwealth of Kentucky  
Office of Insurance  
CITY, COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX  
ANNUAL RECONCILIATION**

**DUE: MARCH 31**

<b>For the year:</b>	<b>Name of City, County or Urban County Gov't</b>
<b>For premiums collected by:</b>	<b>Person responsible for preparing return:</b>
<b>(Insurance Company):</b>	<b>Name:</b>
<b>Address:</b>	<b>Title:</b>
	<b>Street Address:</b>
<b>FEIN:</b>	<b>City, State, ZIP:</b>
<b>NAIC No:</b>	<b>Phone:</b>
<b>If coverage was exported pursuant to KRS 304.10, please complete the following:</b>	
<b>Surplus Lines Broker:</b>	<b>Office of Insurance License ID No:</b>
<b>Address:</b>	<b>Phone:</b>
<b>City, State, ZIP:</b>	

**SECTION I**

	(1) Established Tax Rate %	(2) Premiums Received	(3) Tax Payable [ (1) x (2) ]	(4) Collection Fee Retained	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
<b>1<sup>st</sup> Quarter</b>						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
<b>Total</b>						
<b>2<sup>nd</sup> Quarter</b>						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
<b>Total</b>						
<b>3<sup>rd</sup> Quarter</b>						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
<b>Total</b>						

**SECTION I (Continued)**

	(1) Established Tax Rate %	(2) Premiums Received	(3) Tax Payable [ (1) x (2) ]	(4) Collection Fee Retained	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
<b>4<sup>th</sup> Quarter</b>						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
<b>Total</b>						

<b>ANNUAL TOTALS</b>						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
<b>Total</b>						

**Section II****COMPUTATION OF ADDITIONAL PAYMENT DUE**

(Do not complete if no additional tax is due for any quarter.)

Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
<b>1<sup>st</sup></b>					
<b>2<sup>nd</sup></b>					
<b>3<sup>rd</sup></b>					
<b>4<sup>th</sup></b>					
<b>Total</b>					

**Section III  
Certification**

*I hereby certify that the information provided is an accurate statement of the premiums received and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government above named.*

\_\_\_\_\_  
(Signature of Person Responsible For Preparing This Return)

\_\_\_\_\_  
(Date)

NOTE: See Filing Instructions.

FORM LGT 140  
(04/04)